



Post-Traumatic Stress Disorder

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Neuroactive steroids and suicidality in posttraumatic stress disorder.

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OBJECTIVE: Recent studies suggest that neuroactive steroids may be altered in posttraumatic stress disorder (PTSD). Since high rates of suicidality accompany PTSD, the authors investigated neuroactive steroid levels and correlations to suicide attempts in veterans with this disorder. **METHOD:** Male veterans with PTSD enrolled in a larger study during inpatient hospitalization (N=130) were assessed for suicidal ideation or suicide attempt in the last 6 months. Serum levels of dehydroepiandrosterone (DHEA), androstenedione, testosterone, and estradiol were determined. The authors investigated associations between neuroactive steroids and suicidality. **RESULTS:** High rates of suicidality were observed. Close to 70% of these patients had suicidal thoughts, and 25% had attempted suicide in the last 6 months. Patients who had attempted suicide demonstrated significantly higher median DHEA levels than those who had not attempted suicide (15.6 versus 8.3 ng/ml), an association that persisted after adjustment for age. **CONCLUSIONS:** These findings suggest that higher DHEA levels may be linked to suicidality in veterans with PTSD and may be associated with the risk of self-harm.

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Increased PTSD risk with combat-related injury: a matched comparison study of injured and uninjured soldiers experiencing the same combat events.

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OBJECTIVE: The aim of the present study was to isolate the unique contribution of physical injury to the subsequent development of posttraumatic stress disorder (PTSD). **METHOD:** Participants were 60 injured soldiers and a comparison group of 40 soldiers (matched by rank, military role, and length of service) who took part in the same combat situations but were not injured. Current and lifetime diagnoses were determined by using the Structured Clinical Interview for DSM-IV. In addition, an extensive battery of self-report questionnaires was given to assess severity of PTSD, anxiety, depression, and dissociative symptoms. The average time that elapsed between the injury and the interview was 15.5 months (SD=7.3). **RESULTS:** Ten (16.7%) of the 60 injured survivors but only one (2.5%) of the 40 comparison soldiers met diagnostic criteria for PTSD at the time of the interview (odds ratio=8.6, 95% confidence interval=1.1-394.3). Moreover, wounded participants had significantly higher scores than their noninjured counterparts on all clinical measures. Finally, presence of PTSD was not related to severity of injury or severity of the trauma. **CONCLUSIONS:** The findings clearly indicate that bodily injury is a major risk factor-rather than a protective one-for PTSD. While supporting the notion that bodily injury contributes to the appraisal of the traumatic event as more dangerous, the data also suggest that this heightened level of perceived threat is not a simple, straightforward function of the severity of injury or of the traumatic event.

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Symptoms of posttraumatic stress disorder and borderline personality disorder in veterans of Operation Desert Storm.

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OBJECTIVE: The present report is part of a follow-along investigation focusing on the evolution of trauma-related symptoms in veterans of Operation Desert Storm. The goal of the current report was to examine three hypotheses on the relationship between severity of war-related trauma, symptoms of posttraumatic stress disorder (PTSD), and symptoms of borderline personality disorder with a mixed retrospective/prospective design. **METHOD:** Ninety-four National Guard reservists completed self-administered measures of combat-related trauma, PTSD symptoms, and borderline personality disorder features after their Gulf War duty. **RESULTS:** Consistent with study hypotheses, prewar features of borderline personality disorder predicted variability in postwar PTSD symptoms beyond that predicted by combat exposure, combat exposure predicted variability in postwar features of borderline personality disorder, and PTSD severity assessed shortly after combat exposure accounted for additional variability in subsequent features of borderline personality disorder. **CONCLUSIONS:** Taken together, the present findings suggest that trauma, symptoms of PTSD, and features of borderline personality disorder are related to one another in a complex fashion that may exceed simple linear models. Clinical and research implications for the relationships among trauma, PTSD, and borderline personality disorder are discussed.

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A multidimensional meta-analysis of psychotherapy for PTSD.

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OBJECTIVE: The authors present a multidimensional meta-analysis of studies published between 1980 and 2003 on psychotherapy for PTSD. **METHOD:** Data on variables not previously meta-analyzed such as inclusion and exclusion criteria and rates, recovery and improvement rates, and follow-up data were examined. **RESULTS:** Results suggest that psychotherapy for PTSD leads to a large initial improvement from baseline. More than half of patients who complete treatment with various forms of cognitive behavior therapy or eye movement desensitization and reprocessing improve. Reporting of metrics other than effect size provides a somewhat more nuanced account of outcome and generalizability. **CONCLUSIONS:** The majority of patients treated with psychotherapy for PTSD in randomized trials recover or improve, rendering these approaches some of the most effective psychosocial treatments devised to date. Several caveats, however, are important in applying these findings to patients treated in the community. Exclusion criteria and failure to address polysymptomatic presentations render generalizability to the population of PTSD patients indeterminate. The majority of patients posttreatment continue to have substantial residual symptoms, and follow-up data beyond very brief intervals have been largely absent. Future research intended to generalize to patients in practice should avoid exclusion criteria other than those a sensible clinician would impose in practice (e.g., schizophrenia), should avoid wait-list and other relatively inert control conditions, and should follow patients through at least 2 years.

Publication Types:
Meta-Analysis
Review

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Is psychopharmacologic "inoculation" effective in preventing posttraumatic stress disorder?

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Subjective quality of life and posttraumatic stress disorder.

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Subjective quality of life (SQOL) and its predictors were assessed in 117 patients with posttraumatic stress disorder (PTSD) in a specialized clinic. Scores were compared with other samples. PTSD patients had lower SQOL than the comparison groups. Higher levels of depression and anxiety, fewer PTSD avoidance symptoms, being older, and being from an ethnic minority were all independent predictors of lower SQOL. The high dissatisfaction with several social domains of life should be considered in treatment, and depressive and anxiety symptoms might be targeted to improve SQOL.

PMID: 15674137 [PubMed - indexed for MEDLINE]

Soc Psychiatry Psychiatr Epidemiol. 2004 Sep;39(9):681-5.

Persistence and change of PTSD symptomatology--a longitudinal co-twin control analysis of the Vietnam Era Twin Registry.

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INTRODUCTION: Previous twin studies have demonstrated a strong association between the degree of combat exposure and PTSD, and the continued presence of PTSD, almost two decades after combat. Independent genetic effects have also been demonstrated for both combat exposure and PTSD vulnerability in Vietnam veterans. The current study, involving a subset of male-male twin pairs discordant for service in Southeast Asia (SEA), is a follow-up to an earlier study conducted in 1987. The purpose of this study is to examine the changes in the combat exposure-PTSD relationship over an additional decade of time. **METHODS:** The Mississippi Scale for Combat-Related or Civilian PTSD was administered by telephone in 1997 during a follow-up survey of the Vietnam Era Twin Registry. Only twins discordant for service in Southeast Asia who originally participated in the 1987 study were included. Results of this scale and the original 1987 PTSD symptom scale were separately standardized using z-score transformations and used as dependent variables in a random effects regression model with zygosity, time and combat exposure as independent variables. Main effects and interactions were estimated to address whether there were differential effects of combat on PTSD over time, and whether there was evidence of genetic covariation between combat exposure and PTSD in 1987 that persisted to 1997. **RESULTS:** Combat exposure was strongly associated with PTSD in both 1987 and 1997. Although still highly significant, the effect sharply diminished over time. There is little evidence for a shared genetic vulnerability between combat and PTSD in either 1987 or 1997. **CONCLUSION:** This analysis documents the continuing role of combat exposure (i. e., trauma severity) on the persistence and chronicity of PTSD. Nearly 25 years after the end of hostilities, PTSD symptoms continue to be elevated in those exposed to the highest levels of combat. There is no evidence that genetic influences on exposure to combat are shared with those inducing a genetic vulnerability to PTSD. Clinicians need to be aware of the persistent and long-term residual effects of trauma exposure.

Publication Types:
Twin Study

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